



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5 Permitting
**DEP Approved Inspection and O&M Form for Title 5 I/A
Treatment and Disposal Systems**

I/A System inspection results must be submitted on this DEP form.

A. Facility

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Owner

Facility Street Address

City/Town

Zip

Mailing address of owner, if different:

Street Address/PO Box

City/Town

State

Zip

() -

ext.

Telephone Number

B. Authorized Service Provider

O&M Firm

Street Address

City/Town

State

Zip

() -

ext.

Telephone Number

Certified Operator Name

Certification Number

C. Facility/System Information

DEP ID

Manufacturer's Name & ID

Model Name & Number

Installation Date

Start of Operation

Approval Type: ☐ General ☐ Provisional ☐ Piloting ☐ Remedial

Seasonal Residence – used less than 6 mo./year: ☐ Yes ☐ No

D. Operating Information

Inspection Date

Previous Inspection Date

Sludge Depth (to be checked yearly)

Pumping Recommended ☐ Yes ☐ No

Effluent Description



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Title 5 Permitting

**DEP Approved Inspection and O&M Form for Title 5 I/A
Treatment and Disposal Systems**

E. Sampling Information

Samples Taken: ☐ Influent ☐ Effluent

Parameters sampled: ☐ pH ☐ BOD ☐ TSS ☐ TN ☐ Other (list below)

Other 1

Other 2

Other 3

Description of any maintenance performed since previous inspection & during this inspection:

Notes and Comments:

F. Certification

I certify: I have inspected the sewage treatment and disposal system at the address above, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts certified operator in accordance with 257 CMR 2.00.

Operator Signature

Date

System owner must submit this report, technology O&M checklist, and any required sampling results to the local board of health and DEP as follows for each inspection performed:

Remedial Use – by
January 31st of each
year for the previous
calendar year

Piloting Use – within
30 days of inspection
date

Provisional Use – by
March 31st of each
year for the previous
calendar year

General Use – by
September 30th of
each year for the
previous 12 months

Address for DEP copy:

Department of Environmental Protection
Attention: Title 5 Permitting Program
One Winter Street, 6th Floor
Boston, MA 02108